MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10|509120

FILING DATE

APPLICANT(S)

9-21-07

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2				1		
3				1		
4				2		
5				2		
6				2		
7				2		
8				1		
9				1		
10						
11						
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13				2		
14				2		
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28				2		
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31			1			
32				1		
33				2		
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50						
TOTAL IND.			2			
TOTAL DEP.			21			
TOTAL CLAIMS			23			

		IND	DEP	IND	DEP	IND	DEP
51							
52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							